

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/018203**

APPLICANT(S)

FILING DATE  
**07 MAY 2002**

*Hensel*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.			2					
TOTAL DEP.			13					
TOTAL CLAIMS			15					